## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL LENS APPARATUS AND ASSOCIATED METHOD, the specification of which:

| X is attached here   | to.  |   |             |                 |
|--|--|---|-------------|-----------------|
| was filed on<br>amended on                                 | as A   | Application Serial Noapplicable).   |             | and was         |
|  | PCT Application 1                            | Entering National Phase   |             |                 |
| was filed on<br>and was amended o                          | n{a  | as PCT International Applicat (if applicable).  | tion No     |                 |
| I hereby state that I have revincluding the claims, as ame | viewed and understand<br>ended by any amendm | I the contents of the above-ide ent referred to above.  | entified sp | ecification,    |
| I acknowledge the duty to d<br>Code of Federal Regulations | isclose information wls, § 1.56(a).          | hich is material to patentabilit  | ty as defin | ed in Title 37, |
| application(s) for patent or i                             | inventor's certificate li                    | e 35, United States Code, §§ isted below and have also ider<br>ing a filing date before that of | ntified bel | ow any foreign  |
| Prior Foreign Application(s)                               | )  |   | Priority    | Claimed         |
| (Number)   | (Country)                                    | (Day/Month/Year Filed)  | Yes         | No              |
| I hereby claim the benefit un application(s) listed below. | nder Title 35, United S                      | States Code, § 119(e) of any U  | Jnited Stat | tes provisional |
| (Application Number)                                       | (Filing Date)                                |   |             |                 |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Daniel H. Golub (Reg. No. 33,701) and Glenn B. Foster (Reg. No. 32,676)

Address all telephone calls to <u>Daniel H. Golub</u> at telephone number 215.963.5055.

Address all correspondence to Daniel H. Golub

Morgan, Lewis & Bockius LLP 1701 Market Street Philadelphia, PA 19103-2921

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Inventor's Signature                | Arpelin                | Date May 14, 200 |
|-------------------------------------|------------------------|------------------|
| Full Name of sole or first inventor | Shrenik Deliwala       |                  |
| Residence:                          | 5913 Ricky Ridge Trail |                  |
|                                     | Orefield, PA 18069     |                  |
| Post Office Address:                | Same                   |                  |
| Citizenship:                        | India                  |                  |

| ATTORNE  | Y DOCKET NO  | 053168-5005  | PATENT  |
|--|--|--|---|
| Applicant or   | Patentee: Sh   | renik Deliwala   |   |
| Application  | or Patent No.: <u>No</u>   | ot yet known   |   |
| For: OPT   | ICAL LENS APPA   | RATUS AND ASSOCIATED N   | METHOD  |
|  |  |  |   |
|  | VERIFIED STATES  | MENT (DECLARATION) CLAIMI  | NG SMALL ENTITY   |
|  | STATUS (37 C.F.R.  | §§ 1.9(f) and 1.27(c)) - SMALL BI  | USINESS CONCERN   |
| I hereby declar  | e that I am  |  |   |
|  | the owner of the sma   | all business concern identified below:   |   |
| $\square$  | an official of the sma   | all business concern empowered to act  | on behalf of the concern identified   |
| NAME OF CO   | NCERN Op   | otronx, Inc.   |   |
| ADDRESS OF   | CONCERN 74.  | 50 Tilghman Street, Suite 105  |   |
|  | A1   | lentown, PA 18106  |   |
| 13 C.F.R. §§ 12<br>41(a) and (b) of<br>affiliates, does a<br>concern is the a<br>or temporary ba<br>when either, dir<br>parties control of | 21.3-18, and reproduced Title 35, United States not exceed 500 persons everage over the previous during each of the precity or indirectly, one or have the power to compare the p | d in 37 C.F.R. § 1.9(d), for purposes of Code, in that the number of employed. For purposes of this statement, (1) the statement of the perpose periods of the fiscal year, and (2) concern controls or has the power to control both. | es of the concern, including those of its<br>be number of employees of the business<br>sons employed on a full-time, part-time<br>concerns are affiliates of each other<br>control the other, or a third party or |
|  |  | ract or law have been conveyed to, and o the invention entitled  | remain with, the small business   |
| OPTI   | CAL LENS APPAI   | RATUS AND ASSOCIATED N   | METHOD  |
| by inventor(s)_  | Shrenik Deliwala   |  |   |
| described in   |  |  |   |
|  | the specification attac  | ched hereto.   |   |
|  | _  | , filed  |   |
|  |  |  |   |

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27). ADDRESS \_\_\_\_ ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. § 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING Paul D. Yeates ADDRESS \_\_\_\_\_7450 Tilghman Street Suite 105 Allentown, PA 18106 SIGNATURE Jall Jen Date 5-14-0/